

## Changes to Immunizations Rules

By TDH Immunization Division

The Texas Department of Health (department) has made significant changes to the immunization requirements for children attending schools and child-care facilities. These changes will be effective for the 2004-05 school year. Highlights are outlined below.

### DTP/DTaP and IPV

Additional doses of DTP/DTaP and IPV have been added to the requirements. Children entering Kindergarten are required to

The Texas Attorney General issued an opinion requested by the Texas Department of Health and the Texas Education Agency on the matter of provisional enrollment and rule-making authority as it pertains to immunization requirements in Texas primary and secondary schools. Visit [www.oag.state.tx.us/opinions/op50abbott/ga-0178.htm](http://www.oag.state.tx.us/opinions/op50abbott/ga-0178.htm) for the complete text of the opinion. For more info, contact the TDH Immunization Division at 1-800-252-9152.

show proof of five doses of DTaP and four doses of polio vaccine. Five doses of DTP/DTaP are required unless the fourth dose was administered on or after the 4<sup>th</sup> birthday. Likewise, four doses of polio vaccine are required unless the third dose was administered on or after the 4<sup>th</sup> birthday. This

change, however, will not require students who had previously complied with the former requirements to receive additional doses of vaccine. For instance, if a student enrolled in Kindergarten last

See [Immunizations](#) page 7

## One Minute Asthma Training

Brownsville ISD improves knowledge and ability to care for students with asthma

By Mary D. Sanchez, R.N., and Thomas F. Plaut, M.D.

The *Guidelines for the Diagnosis and Management of Asthma* were published by the National Heart, Lung, and Blood Institute in 1997 to bring health professionals up to date in asthma care. However, many professionals, including school nurses and doctors, have not updated the knowledge and skills they need to provide optimal patient care. This sometimes results in patients receiving conflicting information, causing confusion for school staff, patients and parents. This confusion can lead to poor assessment in the school as well as poor management at home.

See [Asthma](#) page 6

## TDH Awards Texas Schools Promoting Health

By Ernesto Marquez, TDH Adolescent and School Health Program

On January 23, 2004 the Texas Department of Health (TDH) and the Texas Health Foundation honored eight Texas schools and districts for their achievements in promoting the lifelong health of students and staff. The five schools and three districts were winners of the Awards for Excellence in Texas School Health for the 2002-03 school year, and each received a check for \$1000 to \$1500.



Kelly Meadows and Pat Lund of West Orange-Cove CISD accept an Award for Excellence from Dr. Eduardo J. Sanchez, Commissioner of Health and Dr. Robert Bernstein, President of the Texas Health Foundation. Diane Bernal of the TDH Adolescent and School Health Program (far left). David Gordon, President, Texas School Health Association (far right).

The awards ceremony was held in conjunction with the Texas School Health Association (TSHA) Conference awards dinner. Guest speakers included Eduardo J. Sanchez, M.D., M.P.H., Texas Commissioner of Health, and Robert Bernstein, M.D., President of the Texas Health Foundation. Awards for Excellence is administered by the TDH Adolescent and School Health Program and sponsored by the Texas Health Foundation. The audience included more than two hundred TSHA members and conference participants from throughout Texas. The TSHA Conference affords an opportunity to hear state and national leaders speak on current topics related to coordinated school health programming, attend workshops on school health programming topics, and network with staff from other schools and agencies interested in increasing health promotion in Texas schools.

Each year the Awards for Excellence provides state-wide recognition and cash funding to schools and districts in Texas that have implemented successful initiatives to address health needs of students and/or staff. The eight 2002-03 award-winning school health programs honored last January address such areas of health promotion as increasing exercise and nutrition awareness, injury prevention, communicable disease prevention, first aid and CPR, self-esteem, drug abuse prevention, and staff wellness. Visit the Awards for Excellence website at [www.tdh.state.tx.us/schoolhealth/awards.htm](http://www.tdh.state.tx.us/schoolhealth/awards.htm) to read about the winning programs.

Awards for Excellence will be awarding eleven cash awards in January, 2005, including three funded by the Texas Pediatric Society (TPS) Foundation. The TPS Foundation awards are

See [Awards](#) on back page

### INSIDE

Overview of TDH Adolescent & School Health Program.....	2
Disease Watch - Epstein-Barr virus.....	3
American Academy Pediatrics on AEDs & Protective Eye Wear.....	4
Popular School Health Videos Now Available in Spanish.....	4
Case Management for Children/Pregnant Women.....	4
New Vision and Hearing Screening Rules.....	5
FAQ - Screening Students w/ Disabilities.....	5
Upcoming Conferences - TSNA and All Well Institute.....	8



## Letter from the Editor

Michelle McComb, M.S.N., R.N., Manager  
TDH Adolescent and School Health Program

The September 2003 issue of the *American Journal of Nursing* contains an article about nursing negligence. In the article, the author describes six major types of negligent behavior that often result in malpractice lawsuits. The accompanying graph and pie charts in that article show the practice settings involved. School nursing is not listed or mentioned in the article at all. It made me wonder if this practice specialty was overlooked by the author, or if the number of cases involving school nurses is so low that it doesn't register. I contacted a legal nurse consultant and a superintendent of schools, who both agreed that most cases against school districts are either dropped or settled. Even so, school nurses remain as vulnerable to legal action as nurses in other settings because they practice in a setting with colleagues and supervisors who

**"Patients are less likely to sue if they feel that a nurse has been caring and professional."**

Eileen M. Croke, EdD, ANP, LNC-C

are not familiar with the requirements of the state licensure board or the standards of professional nursing practice. The school nurse's clients and their parents/guardians may be just as unfamiliar with such requirements and standards. These factors may contribute to unmet expectations and/or frustration in both parties. Sadly, neither of these feelings contributes to a sense of collaboration, partnership or mutual respect.

According to the article, the six major categories of negligence that result in malpractice lawsuits are:

- Failure to follow standards of care
- Failure to use equipment in a responsible manner
- Failure to communicate
- Failure to document
- Failure to assess and monitor
- Failure to act as a patient advocate

While each of these is important and all are intertwined, bullets two and three stand out the most to me. School nurses inevitably end up working with students who bring in their own equipment for their special needs. Most often the equipment must remain with the student and be transported between home and school, leaving many opportunities for it to be dropped or

See [Editor Letter](#) on page 6

## My Internship with the TDH Adolescent and School Health Program

By Susan Franzetti, B.S.N., R.N.

The best event to occur in association with returning to school for my MSN in Public Health Nursing at the University of Texas at Austin was an internship with the Texas Department of Health's (TDH) Adolescent & School Health Program. (See the diagram below for an explanation of who staffs the TDH Adolescent and School Health Program.) Having served as both a school nurse and school district health services director, my population focus was limited to that of my campus and district. Imagine what it is like to see a program whose "customers" are comprised of all of the great nurses and staff serving school-aged children in the entire state! I would like to share my observations with you.

First, in browsing through the various state websites on school health, I think that "ours" (proud to be a school nurse) is in the top 5. I strongly encourage anyone associated with school health to make time to browse through the website. There are so many "gems" that the staff have placed within the site, and you get more than what you click onto, so keep browsing. The website is [www.tdh.state.tx.us/schoolhealth](http://www.tdh.state.tx.us/schoolhealth).

Second, there are excellent advocates for school health here on the state level, both within the TDH Adolescent and School

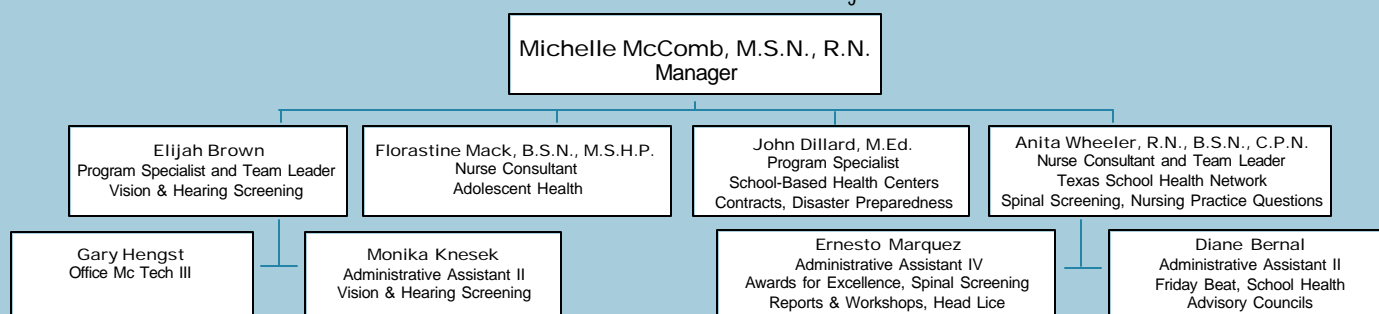
Health Program, and throughout the administrative staff, including the Commissioner of Health. It is like voting? you have to advocate in an ongoing, articulate, organized manner to whomever will listen in order to keep school health issues "on the radar screen." I had the opportunity to attend a variety of meetings involving both government and non-profit agencies, professional organizations and private industry. During these, it was apparent that these groups often relied on the knowledge and resources of the TDH Adolescent and School Health Program.

Third, there are many calls and emails from school nurses in Texas and school health consultants in other states. It is great that you pose these questions as it is very likely that other nurses will have the same questions in the future. In responding to such questions, there is a close relationship between the TDH Adolescent and School Health Program, TDH legal counsel, the Board of Nurse Examiners, and other key agencies and resources, so that you receive the best and most thorough answer.

Fourth, the professional association conferences I attended

See [Internship](#) on next page

### Who's Who and What's What in the TDH Adolescent & School Health Program



# What You Need to Know About Epstein-Barr virus

(Infectious mononucleosis, mono, glandular fever, kissing disease)

By Maria Maldonado and Gary Heseltine, TDH Infectious Disease Epidemiology and Surveillance Division

What is Epstein-Barr virus (EBV) infection? What does EBV cause?

First identified in 1964, the EBV is a member of the herpes virus family. When children become infected with EBV, these infections usually cause no symptoms or appear like other mild, brief childhood illnesses. In the U.S. and other developed countries, many children are not infected during childhood. When infection with EBV occurs during adolescence or young adulthood, it causes infectious mononucleosis 35% to 50% of the time. The EBV is known to stay latent (inactive) in a person's body for the rest of the person's life. It can intermittently reactivate, usually without symptoms, over a lifetime.

What are the signs and symptoms of infectious mononucleosis?

Children with infectious mononucleosis may have sore throat, fever, and swollen tonsils and glands (lymph nodes) in the neck. In young people, the disease is often abrupt in onset with deep tiredness, aching muscles, fever, swollen tonsils, and enlarged neck glands. Sometimes an enlarged spleen or liver may develop. To prevent serious injury to the liver or spleen, contact sports should be avoided until fully recovered. There may be a short or drawn out period (days or weeks) after the initial illness when the tiredness continues and they may feel depressed. Symptoms related to infectious mononucleosis usually resolve in 1 to 2 months and seldom last more than 4 months. When such an illness lasts more than 6 months, it is frequently called chronic EBV infection.

EBV and Chronic Fatigue Syndrome

Due in part to its similarity to chronic EBV infection, it was initially thought Chronic Fatigue Syndrome (CFS) was caused by a virus infection, most probably EBV. Studies, however, have not been able to link CFS with EBV or with any single infectious agent.

How common is EBV? Who is likely to get EBV?

The virus occurs worldwide and is one of the most common human viruses. Most people become infected with EBV sometime during their lives. In the U.S., up to 95% of adults between 35 and 40 years of age have been infected. There are no known associations between active EBV infection and problems during pregnancy, such as miscarriages or birth defects.

How is EBV spread? How do people get EBV?

The virus is shed in the saliva and nasal secretions during the illness and for weeks after infection. Transmission is through

intimate contact with saliva or contaminated objects and surfaces, such as water bottles or toys. Transmission of this virus through the air or blood does not normally occur. The incubation period (time from infection to the appearance of symptoms) is 4 to 6 weeks. Humans are the only hosts for the EBV.

How do I protect myself from EBV?

Avoid contact with saliva of someone who has mononucleosis or who recently had it. However, many healthy people carry the virus and intermittently shed it over a lifetime, making transmission almost impossible to prevent.

How do I protect others from EBV?

- All children and adults should follow good hand washing practices.
- Children diagnosed with EBV infection should be excluded from daycare centers until the fever disappears or until given clearance by a healthcare professional.
- Children's toys should be kept clean and out of the mouths of others.
- Children and adults should not share eating or drinking utensils or personal hygiene items such as toothbrushes and facial tissues.

**What do I do if I think I have EBV?**

Consult your healthcare provider. The Texas Health & Safety Code does not require that EBV infections and infectious mononucleosis cases be reported to the health department.

**How are EBV infections diagnosed?**

EBV diagnosis can be complicated and is based on the symptoms, the patient's age, medical history, and blood tests. Blood tests can suggest whether the person had been infected earlier in life, whether the infection has reactivated, or whether it is a primary (first-time) infection.

How are EBV infections treated?

There is no specific treatment for infectious mononucleosis, other than treating the symptoms. No antiviral drugs or vaccines are available.

Should I worry about EBV when I travel out of the country?

Since the virus is common worldwide, no additional precautions to those taken at home are necessary.

For more info on this topic, contact Gary Heseltine, M.D., M.P.H., Epidemiologist, TDH Infectious Disease Epidemiology and Surveillance Division, at 512/458-7676 or [gary.heseltine@tdh.state.tx.us](mailto:gary.heseltine@tdh.state.tx.us). Visit [www.tdhideas.org](http://www.tdhideas.org) to learn more about this and other health topics. ■

## Internship...

(Texas School Health Association Conference and Texas Association of School-Based Health Centers Conference) are not only informative, but also provide an opportunity to continue learning and network with experts in the field without paying consultant prices. It is also quite therapeutic to be among other school nurses, as they are empathetic to your cause.

Fifth, school health is a dynamic area. We are in a frontier of nursing that is just now being recognized for its contribution. In the near future, what is done through coordinated school health programs, in which you are a key stakeholder, will play an important role. What you do now has far-reaching effects into students' adulthood, the health of the state, and the "costs"

associated with lack of physical activity and obesity. It is projected that the costs of the obesity epidemic may place a great burden on the state's economy as well as decrease the quality of life for individuals. Your voice and expertise are needed more than ever.

I have been encouraged by the vigor and enthusiasm of the TDH Adolescent and School Health Program and its leadership. I am also encouraged by the efforts of so many school nurses in Texas. I wish to thank TDH staff and my professor, Dr. K. May at the U.T. School of Nursing, for this opportunity. I encourage nurses to continue to follow their dreams, as returning to graduate school after working in the profession for more than twenty years was mine. ■



# Texas School Health Round-Up

## Updates and News

### American Academy of Pediatrics on AEDs in School Settings

In January, 2004, the American Academy of Pediatrics endorsed a policy statement on school responses to cardiac arrest and selected life-threatening medical emergencies. This statement, intended for healthcare providers, policymakers, school administrators, and community leaders, was written to assist schools in medical emergency planning. The statement will be useful to schools that have acquired, or are considering acquiring, an automated external defibrillator (AED). The statement emphasizes the importance of comprehensive emergency planning, provides extensive background on this issue, and describes the recommended elements of an effective school medical emergency response plan. To see this statement, visit the AAP website at <http://aappolicy.aappublications.org/> and click on AAP Endorsed Statements link.

### American Academy of Pediatrics on Protective Eyewear for Young Athletes

The American Academy of Pediatrics and the American Academy of Ophthalmology recently issued a joint policy statement in reaction to the large number of eye injuries suffered as a result of sports and recreation activities. It is reported that more than 42,000 sports and recreation-related eye injuries occurred in 2000. Most of those injuries occurred to people under the age of 25, and most were associated with baseball or basketball. Both organizations strongly recommend that athletes wear protective eyewear when eye risk is possible. They recommend using a polycarbonate material, which is the most shatter-resistant clear lens material available. They also recommend that athletes dispose of and replace any protective eyewear that appears damaged or yellowed from age. For the entire position statement, visit <http://aappolicy.aappublications.org/> and click on AAP Policy Statements link. Then select "P" and scroll down.

### Can't Reach Your Education Service Center's School Health Specialist?

A large portion of West Texas that used the 915 area code has been broken down into several different area codes. This affects Education Service Centers 14, 15, & 18. Check the TDH Adolescent and School Health website to verify your School Health Specialist's area code & phone: [www.tdh.state.tx.us/schoolhealth/net\\_list.htm](http://www.tdh.state.tx.us/schoolhealth/net_list.htm)

### New Spanish School Health Videos in TDH Audiovisual Library

Two popular video titles are now available in Spanish, as well as English, in the Texas Department of Health (TDH) Audiovisual Library. TDH lends these and other videos to the public at no charge:

**Wash Those Hands:** suitable for all ages, explains how a simple health practice helps prevent the spread of bacterial and viral illness.

**Head Lice: An Itchy Problem:** for students (K-6) and parents to help guard against head lice. Discusses what head lice are, how they spread, and appropriate treatment. Emphasizes understanding and cooperation in the school community.

To borrow videos or obtain a catalogue of titles, call 1-888-963-7111, ext. 7260 or visit [www.tdh.state.tx.us/avlib/avhomepg.htm](http://www.tdh.state.tx.us/avlib/avhomepg.htm)

### Become a USDA Team Nutrition School!

The U.S. Department of Agriculture has implemented the Team Nutrition School program to assist school food service staff in preparing more nutritious meals that are appealing to students, and help incorporate nutrition into the school curriculum. Schools receive a resource kit (while supplies last). To read about successful Team Nutrition schools in the U.S., and to sign up, visit [www.fns.usda.gov/tn/Join/index.htm](http://www.fns.usda.gov/tn/Join/index.htm) or call 1-800-321-3054.

### Case Management for Children and Pregnant Women



Do you know of a student and/or family with health or behavioral problems who could benefit from assistance? The Texas Department of Health (TDH) Case Management for Children and Pregnant Women (CPW) provides case management services to eligible children and pregnant women. CPW wants to make school nurses and staff aware of their program so that they can provide this potential health care option to families that might qualify for this service.

CPW offers services to children age birth through 20 who are Medicaid eligible and who have a health condition or health risk that results in limitation of function in comparison with same age peers. Pregnant women with a high-risk condition during pregnancy are also eligible.

For potential clients to be considered for case management, there must also be a need for services to prevent illness or medical condition(s), to maintain function or to slow further deterioration of the condition, and a desire for case management services.

CPW case managers must provide services directly with the client, or with the parent/legal guardian for clients under the age of 18. Licensed social workers and registered nurses provide CPW services. To make a referral for case management, call the Texas Health Steps Outreach and Informing line at 1-877-THSTEPS (847-8377) or call a CPW case management provider in your area. A list of CPW providers is available on the TDH Case Management website: [www.tdh.state.tx.us/caseman/caseman.htm](http://www.tdh.state.tx.us/caseman/caseman.htm)

**Becoming a CPW Provider**  
The TDH CPW program is accepting applications for agencies that are interested in becoming CPW providers. For info, contact TDH regional staff in your area. For a list of contact staff see: [www.tdh.state.tx.us/caseman/contact2.htm](http://www.tdh.state.tx.us/caseman/contact2.htm)

## Vision & Hearing Screening: New Rules Adopted

The Texas Board of Health recently approved changes in the rules concerning Vision and Hearing Screening and the Audiometric Lab Program. These changes will be effective August 1, 2004.

Some of the major changes to the rules are:

- Ninth grade screening for vision and hearing is no longer required;
- The Sweep Check Screen will be conducted at less than or equal to 25 dB for 1000 Hz, 2000 Hz, and 4000 Hz;
- Individuals who have completed high school and who have successfully completed the department's vision or hearing screening course are eligible to be certified screeners;
- Certified screeners may utilize only individuals who have completed high school as volunteer assistants; and
- A certified screener who fails to attend the recertification training course prior to December 31 of the fifth year of certification must attend the basic certification training course.

The adopted new rules are available on-line at:  
[www.tdh.state.tx.us/vhs/rulesadopt.htm](http://www.tdh.state.tx.us/vhs/rulesadopt.htm)

For info contact Elijah R. Brown, TDH Vision and Hearing Program at 512/458-7420 or [elijah.brown@tdh.state.tx.us](mailto:elijah.brown@tdh.state.tx.us)

## Surfing for Better Health...

### Youth Suicide Prevention School-Based Guide

Provides assistance to schools in developing a suicide prevention program, or evaluating an existing one.  
[http://cfs.fmhi.usf.edu/StateandLocal/suicide\\_prevention/](http://cfs.fmhi.usf.edu/StateandLocal/suicide_prevention/)

### Stop Bullying Now!

Kid-friendly website offering animated shorts depicting bullying scenarios. Provides strategies for dealing with bullies. Also helps kids who may be bullies to understand the impact of their behavior on others.  
[www.stopbullyingnow.hrsa.gov/index.asp](http://www.stopbullyingnow.hrsa.gov/index.asp)

### The Center for Successful Fathering

Strategies and resources for getting and keeping fathers involved in their children's lives. [www.fathering.org](http://www.fathering.org)

### Children's Safety Network

Offers current research, resources, and funding opportunities for injury and violence prevention. Topics include child abuse, bullying, recreational, school safety, and more. [www.childrenssafetynetwork.org](http://www.childrenssafetynetwork.org)

### National Library of Medicine – List of Resources on School Health

A component of the MedLine Plus website, this extensive section focuses on various health issues affecting schools:  
[www.nlm.nih.gov/medlineplus/schoolhealth.html](http://www.nlm.nih.gov/medlineplus/schoolhealth.html)

### Starbright Asthma - Quest for the Code

Featuring the voices of eleven top celebrities and designed in stunning 3-D animation, Quest for the Code was created to help kids ages 7 to 15 learn how to manage their asthma. Kids with asthma can download the game for free!  
[www.starbright.org/projects/asthma](http://www.starbright.org/projects/asthma)

### New in print... Growing Up with Scoliosis – A Young Girl's Story

Written and illustrated by Michelle Spray, who as a teen was diagnosed and treated for scoliosis. This personal account of her experience can be a source of inspiration and support for teens going through treatment for abnormal spinal curvature.

## Vision and Hearing Screening: Students with Disabilities

By Elijah R. Brown, TDH Vision and Hearing Screening (with contributions from Michelle McComb, M.S.N., R.N., TDH Adolescent & School Health Program)

### Dilemma

As a school nurse I am often asked to screen students in the early childhood class (3 year olds) and students with disabilities as part of the special education eligibility determination and re-evaluation process. Many of these students have developmental delays or profound health impairments that prevent them from responding to the vision and hearing screening techniques required by TDH.

### Recommendation

Texas law requires only distance acuity screening for grades pre-K, Kindergarten, 1, 3, 5, and 7 (9<sup>th</sup> grade requirement dropped effective August 1, 2004). The TDH vision and hearing screening rules state that a vision screener shall test distance acuity for both eyes with one of the three approved charts or a telebinocular instrument (machine) with a distance acuity test capability. The rules also state that if a vision screener uses a telebinocular instrument to screen initially for distance acuity, any rescreens shall be conducted with one of the three approved charts. The rules require the use of a pure-tone audiometer for conducting the hearing screening.

The training provided by TDH has to address participants with varying experience and education levels. Some screeners are lay persons, while others are licensed vocational nurses (LVNs) or registered nurses (RNs). TDH required screening methods are not intended to be diagnostic and do not equip lay personnel, LVNs or untrained RNs to screen children under four years of age or those with special needs. If these children cannot be screened successfully using the tests outlined in TDH vision and hearing screening protocols, it is recommended that they be referred to a professional or to individuals who have received special training to screen such children.

Registered nurses (RNs) whose nursing education provided them with the skills needed to perform physical assessments may be able to successfully screen these students using alternative methods. When doing so, they are performing under their own professional licensure, judgment, and practice act, and are not performing as TDH-certified vision and/or hearing screeners. The TDH vision and hearing screening techniques are not intended as limitations to RN practice. The RN is free to utilize other physical assessment techniques necessary to obtain valid results for certain students. If the RN does not utilize TDH screening techniques on some students, these students should not be counted as "screened" on the annual report that is submitted to TDH. ■

## Asthma...

To help remedy these problems, Thomas Plaut, M.D., Director of Asthma Consultants in Amherst, Massachusetts, developed *One Minute Asthma Training* (OMAT), a distance learning program that:

- provides a uniform approach to asthma care and education;
- meets needs of participants with differing levels of knowledge/skill;
- creates a collegial group of professionals who can support and reinforce each other in communicating asthma knowledge/skills to their clients;
- provides effective tools and materials needed to teach both parents and staff about asthma prevention and treatment; and
- is economical in terms of time and money.

### Case Study

The 57 nurses of the Brownsville ISD provide services to 43,000 students in 50 schools. This includes one-on-one health education for parents and staff in addition to many other duties. Because Brownsville ISD nurses already used many of the asthma materials developed by Dr. Plaut, he invited them to enroll in OMAT.

### Intervention

- Before attending a group session in June, 2003, five Brownsville ISD nurses and their supervisor completed and scored a detailed questionnaire to assess their knowledge of asthma and its treatment.
- They then read the booklet, *One Minute Asthma: What You Need to Know*, and corrected their answer sheets.
- The group then met for three hours to discuss the basic elements of asthma education and watch a video illustrating the use of four asthma treatment devices.
- The nurses practiced using these devices during the session and were then videotaped using them.
- After the session, the nurses sent the video to Dr. Plaut for evaluation, and retook and scored their questionnaires.
- Two weeks after the initial training, the six nurses attended a teleconference with Dr. Plaut to review the videotape and discuss various asthma questions.
- Each nurse spent a total of approximately ten hours in preparation and meetings.

### Results

Average scores on the questionnaire increased from 63 (range 49-75) to 87 (range 75-98). Initial skill level in using the four devices averaged 75%. All six nurses improved their techniques for using metered dose and dry powder inhalers, and five improved in the use of a holding chamber and a peak flow meter.

### Evaluation

All the participants felt the training had practical value. They found the practice with the various asthma treatment devices invaluable, and the information on medicines, diaries, and treatment plans particularly helpful. Comments of individual participants:

- The self-assessment at the beginning of the training told me what I needed to learn. At the end it showed how much my knowledge had increased. The self-scoring and correction improved my ability to learn and retain new information.
- I now recommend the use of spacers and teach more effectively.
- I told the mother of a student with frequent absences and sickness that her child should be as active as any other. Her doctor said he was doing everything needed for her asthma. I encouraged the mother to seek a second opinion.
- I recommended that a student use peak flow at home. His mother, who had taken him to the doctor every week, can now monitor his asthma, is less worried, and seeks care more appropriately.

The six school nurses who participated in the OMAT program increased their asthma knowledge and skills. As a result they were able to provide better care to their students with asthma. Because the training has been effective and economical in terms of time and money, the remaining 51 nurses in Brownsville ISD will participate in the training.

For more info on Brownsville ISD's experience with OMAT, contact Mary Sanchez, R.N., Brownsville ISD, at [mdsanchez@k12.bisdtx.net](mailto:mdsanchez@k12.bisdtx.net). For info on OMAT and other asthma education tools, contact Thomas F. Plaut M.D., Director, Asthma Consultants at [jtplaut@pedipress.com](mailto:jtplaut@pedipress.com) or visit [www.pedipress.com](http://www.pedipress.com). ■

## Editor Letter...

lose parts. The users manual generally doesn't accompany the equipment and there is no sales rep handy to give a demonstration. Nonetheless, the nurse is responsible for using the equipment in a responsible manner. Is a demonstration and training session by the parent sufficient? That is something that each individual nurse will have to decide for him/herself. Alternatives to consider could include contacting the equipment manufacturer to see if they have a regional representative who can provide training, or at the very least, to see if the company would send an instruction manual for the equipment.

Often the first impressions that school nurses make are not the greatest; especially when students with special health care needs enroll. Forms and physician authorization requirements are not well understood by parents or staff members. The nurse's requests for necessary information and documentation in order to provide care for the student can be perceived as causing a barrier to enrollment, or worse, may cause the student or parent to view the nurse as unwelcoming and uncaring.

While someone in the district may have known well in advance that the student would be enrolling, rarely is that information shared with the school nurse. If this sounds familiar to you, please take the initiative to start a dialogue with the diagnostician or other appropriate staff member and encourage a meeting between staff and parents prior to enrollment if at all possible, allowing the school time to plan and make the necessary accommodations in a safe and well thought out manner. Anything less could very well put the

student at risk if qualified staff or necessary equipment are not available. Communication with students, parents, faculty, staff, and other health care providers is the only way to close the gaps that our students somehow manage to find and slip through.

What can be done to prevent this from happening? What can be done to help parents become better prepared for things that school nurses will ask of them? If you have ideas or have found a solution to these kinds of issues, please let us know so that we may share successful strategies with others! Although the majority of calls we receive are from school staff, we also receive calls from parents who have concerns about the health and well-being of their child during the school day. When sorting through these stories, it usually becomes apparent that what the school nurse allegedly did or did not do, would not constitute malpractice. What seems to cause the parent the most anguish is the perception that the nurse does not care about their child. The only thing that seems to upset parents more is when administrators don't return their calls? again, this is perceived as a lack of concern on the school's part.

You are an ambassador of good will representing not only your school district, but your profession. The relationship that you build and sustain with students and parents is one of the best public relations tools your school has. ■

Guido, GW. Tort law. *Legal and ethical issues in nursing*. 3<sup>rd</sup> ed. Upper Saddle River, NJ: Prentice Hall; 2001. pp. 78-107.

Croke, EM. Nurses, Negligence and Malpractice. *American Journal of Nursing*. September, 2003. pp. 54-63.

year and he/she had received four doses of DTaP and one of those doses was on or after the fourth birthday, then that student does not need an additional dose of DTaP. However, if the student did not receive the fourth dose on or after the 4<sup>th</sup> birthday, the student will require an additional dose.

## Hepatitis B and Varicella

Modifications to the requirements for hepatitis B and varicella have been made. Students will need to show proof of hepatitis B and varicella vaccination by grade level. Beginning in school year 2004-05, students attending Kindergarten through 5<sup>th</sup> grade and students in 7<sup>th</sup> through 10<sup>th</sup> grades will be required to show proof of three doses of hepatitis B vaccine. Similarly, students attending Kindergarten through 4<sup>th</sup> grade and 7<sup>th</sup> through 10<sup>th</sup> grade, in school year 2004-05, must show proof of one dose of varicella vaccine. Subsequent grade levels will be added each school year until school year 2006-07, when all students in all grades (K-12) will be required to show proof of hepatitis B and varicella vaccination.

## Hepatitis A

Hepatitis A vaccine requirements have also been revised. Students attending schools or child-care facilities in geographic areas designated by the department (see list below) must show proof of two doses of hepatitis A vaccine if they are enrolled in a child-care center, or if they attend Kindergarten through 3<sup>rd</sup> grade. Students in Kindergarten through 3<sup>rd</sup> grade are the only students, in these designated areas, who must show proof of vaccination against hepatitis A disease. This should lessen the burden of vaccinating multiple birth cohorts in a short period of time.

## Age Ranges

Additionally, one of the most important changes to the requirements is the allowance of age ranges to the child-care requirements. Children enrolled in child-care facilities will no longer need to

provide proof of vaccination “upon entering an age group.” This change aligns the Texas requirements with the Advisory Committee on Immunization Practices. For example, a child attending a child-care facility center will now need to show proof of vaccination against measles, mumps, and rubella (MMR) anywhere from 12-15 months of age. Therefore, in order for a child to be in compliance with state regulations, the child must be vaccinated with one dose of MMR vaccine by 16 months of age.

## Provisional Enrollment

Some changes were made to provisional enrollee status. Provisional enrollment has been amended to allow school administrators, such as nurses and principals, to exclude students who, after a 30-day provisional enrollment, have not yet completed their vaccination series. Furthermore, a subsection relating to homeless students has also been added to the provisional enrollment section.

## Acceptable Evidence of Vaccination

Revisions define acceptable records to include records generated from a local health authority, such as a registry, or from school officials from another state.

## Exclusions from Compliance

The immunization requirements now include an exemption from immunizations for reasons of conscience, including a religious belief. This change was a result of House Bill 2292 passed by the 78<sup>th</sup> Legislature. This law was effective on September 1, 2003. To claim an exclusion for reasons of conscience, including a religious belief, the child's parent or guardian must present a signed affidavit form to the school. The affidavit will be valid for a **two-year** period.

For more info, contact Monica Gamez, Immunization Compliance Coordinator, at (512) 458-7284, or visit [www.ImmunizeTexas.com](http://www.ImmunizeTexas.com)

## Comparison of Old Requirements vs. New Requirements for School Entry

Vaccine	Old Requirement (5 years and older)	New Requirement (K-12)								
DTaP	4 doses, including one dose administered on or after the 4th birthday	5 doses, unless fourth dose was administered on or after the 4th birthday								
Polio	3 doses, including one dose administered on or after the 4th birthday	4 doses, unless third dose was administered on or after the 4th birthday								
Measles	2 doses by age 5	2 doses by Kindergarten entry								
Rubella	1 dose by age 5	1 dose by Kindergarten entry								
Mumps	1 dose by age 5	1 dose by Kindergarten entry								
Hepatitis B	3 doses for students born on or after September 2, 1992 AND for children born between September 2, 1988 through September 1, 1992	<table><tr><td><u>3 doses</u></td><td><u>Grade</u></td></tr><tr><td>2004-05</td><td>K-5; and 7-10</td></tr><tr><td>2005-06</td><td>K-11</td></tr><tr><td>2006-07</td><td>K-12</td></tr></table>	<u>3 doses</u>	<u>Grade</u>	2004-05	K-5; and 7-10	2005-06	K-11	2006-07	K-12
<u>3 doses</u>	<u>Grade</u>									
2004-05	K-5; and 7-10									
2005-06	K-11									
2006-07	K-12									
Varicella	1 dose for children born on or after September 2, 1994 AND for children born between September 2, 1988 through September 1, 1994 (If the first dose is received after age 13, two doses are required)	<table><tr><td><u>1 dose</u></td><td><u>Grade</u></td></tr><tr><td>2004-05</td><td>K-4; and 7-10</td></tr><tr><td>2005-06</td><td>K-5; and 7-11</td></tr><tr><td>2006-07</td><td>K-12</td></tr></table> (If the first dose is received after age 13, two doses are required)	<u>1 dose</u>	<u>Grade</u>	2004-05	K-4; and 7-10	2005-06	K-5; and 7-11	2006-07	K-12
<u>1 dose</u>	<u>Grade</u>									
2004-05	K-4; and 7-10									
2005-06	K-5; and 7-11									
2006-07	K-12									
HepatitisA*	Two doses for children born on or after September 2, 1992 in selected counties	Two doses for students attending school located in an area designated by the department for grades K-3*								
Tetanus (Td)	One dose within last 10 years of the last DTP/DTaP dose	Same requirement								

\*Hepatitis A vaccine is required for students attending a school located in a high incidence geographic area designated by the department. The 39 counties affected by the hepatitis A requirement are: Bexar, Brewster, Brooks, Cameron, Crockett, Culberson, Dimmitt, Duval, Edwards, El Paso, Frio, Grayson, Hidalgo, Hudspeth, Jeff Davis, Jim Hogg, Kenedy, Kinney, La Salle, Maverick, McMullen, Moore, Nueces, Pecos, Potter, Presidio, Randall, Real, Reeves, Starr, Sutton, Terrell, Terry, Uvalde, Val Verde, Webb, Willacy, Zapata, and Zavala.



**THE TEXAS  
SCHOOL HEALTH BULLETIN**

is published by the

Texas Department of Health  
Bureau of Children's Health  
Adolescent and  
School Health Program  
1100 West 49th Street  
Austin, Texas 78756  
(512) 458-7279

TDH Publication #05-10958

Funding provided by the  
Texas Health Foundation

*Subscribe  
to this  
Newsletter!*

Send your name, title,  
mailing address, email  
& phone to:

schoolhealth@tdh.state.tx.us  
or call  
1-888-963-7111, ext. 2140

**Mark Your  
Calendar...**

MAY  
Asthma & Allergy Awareness Month  
www.aanma.org

Clean Air Month  
www.lungusa.org

May 1-7 National Physical Ed. & Sports Week  
www.aahperd.org

May 12 School Nurse Day  
www.nasn.org

May 31 World No Tobacco Day  
www.aawhworldhealth.org

JUNE  
National Safety Month  
www.nsc.org

June 1 Stand for Children Day  
www.stand.org

SEPTEMBER  
September 22 Backpack Awareness Day  
www.aota.org

September 24 Family Health & Fitness Day  
www.fitnessday.com

Texas Department of Health  
Bureau of Children's Health  
Adolescent & School Health Program  
1100 West 49th Street  
Austin, Texas 78756

PRSRST STND  
U.S. POSTAGE PAID  
AUSTIN, TX  
PERMIT NO. 28

earmarked for schools/districts with initiatives to increase physical activity and improve eating habits of adolescents. Any school or district (public, private or charter) in Texas with a health program or initiative in place is encouraged to apply for an Award for Excellence. The deadline has passed to apply for the 2003-04 Awards for Excellence, but the application for 2004-05 will be on-line this Fall.

For more info, contact the TDH Adolescent and School Health Program at 512/458-7111, ext. 2140 or email schoolhealth@tdh.state.tx.us. ■

## All Well Institute

### Developing Leaders for School Health *Get More in 2004: Healthy Kids/Healthy Schools*

July 26-29, 2004

The All Well Institute invites teams of 2, 4, or 6 school district and community members to learn skills to influence positive health behaviors in children. The conference takes place in a retreat environment at the beautiful, wooded Camp Allen Center near Navasota, Texas. Participants learn team-building skills to apply in school settings. Participants have opportunities to learn Leadership Development Skills for Coordinated School Health Education in **Nutrition Education and Food Service, Physical Activity Programming Community Support, School Health Advisory Councils, Worksite Wellness**, and more. For info and to register, visit **www.schoolhealth.info** (click on the "star" for events) or contact Shelley Summers, American Cancer Society, at 512/919-1726 or shelley.summers@cancer.org.

## Texas School Nurse Administrators' Association

### *Discovering the Path to Professional Leadership*

The Woodlands, Texas: June 6-8, 2004

An opportunity for school district lead nurses & school nurses in single-nurse districts to discuss strategies for (1) integrating health services into educational settings and (2) promoting health services as key to students' academic success.

For info and to register, contact Sandy Smith at sandyjs@swbell.net or 832/249-4315.

## Whelps, Welts or Wheals?

Mary McCloud, R.N., Commerce ISD

(with contributions from Michelle McComb, M.S.N., R.N.)



We often hear "He was covered with whelps!" An amusing picture comes to mind of a child covered with puppies. Why? The definition of whelps is the young offspring of a wolf, dog or similar animal. The correct word is welts? a ridge or bump on the skin caused by a blow or an allergic reaction. Another medical term would be wheal? an individual lesion of an itchy skin eruption (rash) usually of an allergic nature. If you see welts or wheals, call the student's parents and refer them to their physician. If you see whelps, buy dogfood or call the pound!